

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: PROCESS FOR MAKING A SHEET OF
ARAMID FIBERS USING A FOAMED MEDIUM
Attorney Docket Number:: 013400-198
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Homan
Middle Name:: B.
Family Name:: KINSLEY
Name Suffix:: Jr.
City of Residence:: Bohannon
State or Province of Residence:: VA
Country of Residence::
Street of Mailing Address:: General Delivery
City of Mailing Address:: Bohannon
State or Province of Mailing Address:: VA
Country of Mailing Address:: 23021
Postal or Zip Code of Mailing
Address::
Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Christopher
Middle Name:: B.
Family Name:: PEART
Name Suffix::
City of Residence:: Westhampton
State or Province of Residence:: MA
Country of Residence::
Street of Mailing Address:: 39 Loudville Road, Westhampton, MA 001027

City of Mailing Address:: Westhampton
State or Province of Mailing Address:: MA
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 01027
Address::

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number:: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: FiberMark, Inc.
Street of Mailing Address:: P.O. Box 498
City of Mailing Address:: Brattleboro
State or Province of Mailing Address:: VT
Country of Mailing Address::
Postal or Zip Code of Mailing Address:: 05302
Address::